



Arkansas State Board of Pharmacy
101 East Capitol, Suite 218
Little Rock, AR 72201
501-682-0190
<http://www.state.ar.us/asbp>

AFFIDAVIT OF EXPERIENCE

This is to certify that I observed (Name of Intern) _____
Intern No. _____, in the following aspects of the practice of pharmacy and found his/her skills to be
adequate in all areas of practice.

Check if adequate; NA if not applicable; leave blank to indicate inadequacy of intern.

1. Maintain patient information consistent with Regulation 09-00-0001..... []
2. Monitoring and evaluating therapy consistent with Regulation 09-00-0001..... []
3. Counseling patients about legend drugs consistent with Regulation 09-00-0001..... []
4. Maintaining professional and ethical standards..... []
5. Communicating with health care professionals..... []
6. Communicating with patients on selection of OTC drugs and medical/surgical supplies. []
7. Providing emergency pharmacy services..... []
8. Compliance with drug product selection law and regulation..... []
9. Compounding prescriptions..... []
10. Dispensing prescriptions []
11. Managing pharmacy personnel..... []
12. General public health and civic responsibilities..... []
13. Managing pharmacy operations..... []

***Check the appropriate line or lines then complete the dates and hours. Please express the dates at MM/DD/YY –
for example, 02/01/03***

This intern worked under my supervision:

- [] **DURING SCHOOL**
Beginning on _____ and Ending on _____
The total number of hours worked (at no more than 40 hours per week) during school were _____.
These hours are NOT counted towards licensure in Arkansas.
- [] **DURING SUMMER**
Beginning on _____ and Ending on _____
The total number of hours worked (at no more than 40 hours per week) during summer were _____.
- [] **DURING WINTER BREAK**
Beginning on _____ and Ending on _____
The total number of hours worked (at no more than 40 hours per week) during winter break were _____.
- [] **DURING SPRING BREAK**
Beginning on _____ and Ending on _____
The total number of hours worked (at no more than 40 hours per week) during spring break were _____.
- [] **AFTER SENIOR ROTATIONS BEFORE/AFTER GRADUATION**
Beginning on _____ and Ending on _____
The total number of hours worked (at no more than 40 hours per week) after senior rotations before/after graduation were _____.

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Name of Pharmacy Intern: _____
First Middle Last

I also found _____ to be of good moral character,
(name of intern)
not addicted to the use of alcoholic liquor or narcotic drugs, and worthy to be licensed as a pharmacist pursuant to law.

Preceptor Name (Please Print)

Pharmacy Name (Please Print)

Preceptor Signature

Pharmacy Address

Date Signed

City State Zip